

INSTRUCTIONS FOR FILING AN APPLICATION FOR APPEAL OF A REASONABLE ACCOMMODATION DETERMINATION

WHO MAY APPEAL

Any person may file.

TIME LIMIT

A complete Appeal of Reasonable Accommodation Determination (see back page) must be filed in person at Development Services Center, City Hall, thirty (30) days from the date of the approval of the Reasonable Accommodation Permit.

APPEAL REQUIREMENTS

1. A complete Appeal of Reasonable Accommodation Determination including the following within the appropriate time limit:
 - a. Application filing fee, (see Filing Fee Schedule).
 - b. The appeal shall state with specificity the reasons that the Reasonable Accommodation Determination should be found not to be complete or not to have been prepared in compliance with the requirements of Title 20 of the San Jose Municipal Code.
 - c. No appeal shall be considered unless it is based on issues which were raised at the public hearing either orally or in writing prior to the public hearing. (21.07.040C)

PROCESSING SCHEDULE

Planning Staff:

- Checks the application for completeness.
- Logs and collects fees.
- Sets a public hearing date before the Planning Commission and places the item in the agenda.
- Prepares a recommendation to the Planning Commission.

Planning Commission:

- considers and acts upon the appeal in a public hearing.

**PLEASE CALL THE APPOINTMENT DESK AT (408) 535-3555 FOR AN APPLICATION APPOINTMENT.
THIS APPLICATION APPOINTMENT IS LOCATED ON THE 3RD FLOOR OF CITY HALL.**

APPEAL OF REASONABLE ACCOMMODATION DETERMINATION

TO BE COMPLETED BY PLANNING STAFF			
FILE NUMBER		RECEIPT # _____	
PROJECT LOCATION		AMOUNT _____	
		DATE _____	
		BY _____	
TO BE COMPLETED BY PERSON FILING APPEAL			
PLEASE REFER TO REASONABLE ACCOMMODATION DETERMINATION INSTRUCTIONS BEFORE COMPLETING THIS PAGE. THIS FORM MUST BE ACCOMPANIED BY THE APPROPRIATE FILING FEE.			
THE UNDERSIGNED RESPECTFULLY REQUESTS AN APPEAL FOR THE FOLLOWING REASONABLE ACCOMMODATION DETERMINATION:			
REASON(S) FOR APPEAL (For additional comments, please attach a separate sheet.): _____ _____ _____			
PERSON FILING APPEAL			
NAME		DAYTIME TELEPHONE ()	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE		DATE	
CONTACT PERSON (IF DIFFERENT FROM PERSON FILING APPEAL)			
NAME			
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE ()	FAX NUMBER ()	E-MAIL ADDRESS	

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